MISSOURI
DIVISION OF MEDICAL SERVICES

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DENTAL BULLETIN

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) standards, DMS has redefined how a dentist *must* bill for services.

HIPAA mandates that states allow providers to bill for services using the standard CDT code set, however, it does *not* require states to add coverage for services that it does *not* currently cover.

This bulletin contains important information regarding the changes in codes covered and elimination of state specific modifiers. DMS has updated CDT codes to comply with HIPAA mandates.

Individually enrolled Medicaid dentists *must* begin billing for service coverage based on HIPAA compliant CDT code definitions for dates of service as outlined in this bulletin.

2003 CDT UPDATE CDT – ADDITIONS, COMBINATIONS, DELETIONS AND REVISIONS

Missouri Medicaid will begin accepting the 2003 version of the American Dental Association Current Dental Terminology (CDT-4) as described in this bulletin. Copies of the 2003 versions of the Current Dental Terminology (CDT-4) may be purchased from your local medical book store.

Changes which occurred as a result of the update include additions, revisions, deletions, combinations, and replacement of procedure codes. All codes identified in the CDT-4 with changes are listed in this bulletin. See Attachment A for the description and pricing of the additions and combinations.

ADDITIONS

Additions to the CDT codes can be found on Attachment A in this bulletin. The following dental codes are new additions and have an effective date of July 01, 2003.

D4241, D4261, D4265, D4275, D4276, D4342, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D7111, D7261, D7287, D7411, D7412, D7413, D7414, D7415, D7472, D7473, D7485, D7671, D7771, D7972.

COMBINATIONS

Revisions that resulted in the combination of codes are found on Attachment A with updated Maximum Allowed Amounts. The following codes with nomenclature and updated allowed amounts are effective August 15, 2003.

D2140, D2150, D2160, D2161, D2390, D2391, D2392, D2393, D2394, D7140.

The following codes were absorbed in the combination of codes and are no longer covered August 15, 2003 and after.

D2110, D2120, D2130, D2131, D2336, D2337, D2380, D2381, D2382, D2385, D2386, D2387, D2388, D7110, D7120, D7130.

DELETIONS

The following dental procedure codes are no longer valid CDT codes and not billable for dates of service July 1, 2003, and later.

D4220, D6519, D6520, D6530, D6543, D6544, D7420, D7430, D7431, D7480.

REVISIONS

Please consult the CDT- 4 for the changes in nomenclature, descriptor or both. The following procedure codes have been revised. There is no change in effective date, allowed amount or restrictions associated with CDT-4 revisions.

D0120, D0140, D0150, D0277, D1110, D2140, D2150, D2160, D2161, D2710, D2950, D3221, D4210, D4211, D4240, D4260, D4273, D4341, D4355, D4910, D7270, D7280, D7285, D7286, D7290, D7291, D7320, D7386, D7410, D7450, D7451, D7460, D7461, D7465, D7471, D7490, D7510, D7530, D7550, D7670, D7770, D7780, D9220, D9221, D9241, D9242, D9248, D9310.

NON-COVERED CDT CODES

The following new CDT-4 codes are non-covered by Missouri Medicaid.

D0180, D5670, D5671, D6053, D6054, D6253, D6600, D6601, D6793, D6985.

EPSDT/HCY SCREEN

Providers who bill for a full or partial Healthy Children and Youth (HCY) screen must refer to the EPSDT Bulletin Vol. 25 No. 1 dated June 12, 2003 for updates to the W0025 codes used for billing an HCY screen. Effective October 16, 2003 the W0025 codes with modifiers are no longer covered.

Provider Communications

(800) 392-0938
or
(573) 751- 2896

Attachment A

DENTAL PROCEDURE CODES	DESCRIPTION	MAXIMUM ALLOWED AMOUNT/ RESTRICTIONS
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT (combination of D2110 and D2140)	$28.00
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT (combination of D2120 and D2150)	$36.00
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT (combination of D2130 and D2160)	$44.00
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT (combination of D2131 and D2161)	$52.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$61.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	$39.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	$50.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	$65.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	$108.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	MP/OR
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	$229.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	$229.00
D4275	SOFT TISSUE ALLOGRAFT	MP/PA
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	MP/PA
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	MP/PA/OR
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	$327.50
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	$327.50
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	$260.00
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	$280.00
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	$260.00
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	$280.00
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	$260.00
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	$280.00
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	MP/PA
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	MP/PA

DENTAL PROCEDURE CODES	DESCRIPTION	MAXIMUM ALLOWED AMOUNT/ RESTRICTIONS
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	MP/PA
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	$315.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	MP/PA
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	MP/PA
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	MP/PA
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	$315.00
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	$20.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$33.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	MP/PA/OR
D7287	CYTOLOGY SAMPLE COLLECTION	MP
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$200.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	MP/OR
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	MP
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	MP
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	MP
D7472	REMOVAL OF TORUS PALATINUS	MP
D7473	REMOVAL OF TORUS MANDIBULARIS	MP
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	MP
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	MP
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	MP
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	MP